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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000072314 (5)**

1. Corporation Name

WINDFLIGHT SURF & TEES, INC.

Principal Place of Business	Mailing Address
722 ALBEE RD. NOKOMIS FL 34229	P.O. BOX 10206 BRADENTON FL 34282

2. Principal Place of Business 21 722 ALBEE ROAD WEST Suite, Apt. #, etc 22	2a. Mailing Address 26 P.O. BOX 10206 Suite, Apt. #, etc 27
City & State 23 NOKOMIS FL	City & State 28 BRADENTON FL
Zip / Country 24 34275 / 25 SARASOTA	Zip / Country 29 34282 / 30 MANATEE

3. Date Incorporated or Qualified 10/03/1994	3a. Date of Last Report 04/24/1995
4. FEI Number APPLIED FOR 65-052 4086	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

BOWLEY, DEAN W
11661 UPPER MANATEE RV RD
BRADENTON FL 34282

10. Name and Address of New Registered Agent

81 Name: SAME

82 Street Address (P.O. Box Number is Not Acceptable):
800001825658
-05/16/96--01139--002
******8.75 ******8.75

83

84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Dean W Bowley President 4-30-96
Signature, typed or printed name of registered agent (or officer or director of registered agent corporation) (If agent is a corporation, must be officer or director) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOWLEY, DEAN W 11671 UPPER MANATEE RIVER RD. BRADENTON FL 34282 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 800001825658 -05/16/96--01139--001 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

$7.50

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dean W Bowley DEAN W BOWLEY PRESIDENT 4-30-96 941-748-2779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number